CHAPTER 2. MEDICAL LOGISTICS SYSTEMS

2-1.   FUNCTIONAL PROPONENT

The Assistant Surgeon General for Force Sustainment, in accordance with (IAW) *Army Regulation* (*AR*) *5-22,* is the functional proponent for Medical Logistics. The Office of the Surgeon General (OTSG) Director of Logistics and the U.S. Army Medical Command Assistant Chief of Staff for Logistics serve as the functional proponent representative for medical logistics Information Management/Information Technologies (IM/IT).

2-2.   THE ARMY MEDICAL DEPARTMENT (AMEDD) LOGISTICS SYSTEMS DIVISION

a.   The Division asserts functional proponent responsibilities by ensuring AMEDD logistics IM/IT is consistent with existing and evolving health care management business practices as well as procurement and financial management policies. The Division is responsible for planning and coordinating the development of operational requirements for logistics IM/IT and the acquisition strategy to satisfy those requirements. The Division provides executive level oversight for the integration and life-cycle management of medical logistics systems to ensure viable medical logistics support to sustaining base and deployed force logistics elements Army wide.

b.   The AMEDD Logistics Systems Division provides guidance to subordinate commands and Military Health Systems (MHS) proponent groups, as well as conceptualizes and implements new and emerging technologies to enhance medical logistics business processes and automated medical logistics systems.

2-3.   MEDICAL LOGISTICS INFORMATION MANAGEMENT/INFORMATION TECHNOLOGIES (IM/IT)

This paragraph applies to medical logistics IM/IT at automated medical logistics operations, medical fixed facilities, division, and corps level units (Echelon II-V). This paragraph is IAW *AR 25-1* and *USAMEDCOM Regulation 25-1*.

a.   Medical logistics IM/IT supports the following core business functions:
   (1)   Acquisition, accountability, and distribution of materiel and equipment.
   (2)   Use, maintenance, and repair of facilities supporting the AMEDD medical mission.

b.   Army medical fixed facilities and units conducting medical logistics operations will use existing Department of Defense (DoD)/Army standard medical logistics IM/IT.

c.   Medical fixed facilities and units conducting medical logistics operations will not use locally developed or procured non-standard medical logistics systems when either a DoD or Standard Army Management Information System is available.

d. Units and supply activities at all levels will promote the use of electronic ordering for all Class VIII transactions through the available and approved Medical Logistics IM/IT. Specifically, the Installation Medical Supply Activities (IMSA) located at the USAMEDCOM fixed facilities will mandate the use of Medical IM/IT to establish electronic ordering with all customers. Hardcopy or manual requisitions will be the exception. The habitual use of electronic ordering will improve efficiency and effectiveness for both peacetime and wartime operations. Ongoing guidance from the USAMEDCOM to the IMSA will establish electronic ordering procedures.

2-4. MEDICAL LOGISTICS INFORMATION SYSTEMS (IS) DESCRIPTIONS

a. The following systems are authorized as standard DoD and Medical Logistics ISs:

(1) Theater Army Medical Management Information System (TAMMIS). TAMMIS is maintained by the:

U. S. Army Medical Information Technology Center
ATTN: Logistics Systems Branch
2710 Howitzer Street, BLDG 2372
Fort Sam Houston, TX 78234

(a) Medical Supply (MEDSUP): Automated and comprehensive inventory management of medical materiel. TAMMIS MEDSUP provides automated support for inventory management functions at deployable medical units. Functions supported include ordering, receiving, storing, accounting for, and issuing medical supplies and equipment. TAMMIS MEDSUP also provides financial transactions through interfaces with Army/DoD financial systems.

(b) TAMMIS Customer Assistance Module (TCAM): TCAM allows remote customers who have no other medical logistics automation to create automated Class VIII requests with minimal hardware requirements (Personal Computer (PC) or laptop with a network connection). TCAM customers can connect to the designated TAMMIS site and select files from the TAMMIS database. Once the files are downloaded, the customer can break the connection and use the TAMMIS data to place orders, check status, review the stockage catalog, and research substitutions. Then, customers can reconnect and send the file containing Military Standard Requisitioning and Issue Procedures (MILSTRIP) transactions to the TAMMIS source of supply. TCAM has been successfully used in garrison and in deployments. Units are strongly encouraged to use TCAM in order to establish electronic Class VIII ordering with the designated source of supply. TCAM is an approved part of the TAMMIS baseline. Medical Supply Support Activities will assist units in obtaining the TCAM application, setting up the user environment, connection to the Supply Support Activity (SSA) server and providing user training. If TCAM problems occur beyond the capability of the medical SSA units will contact the TAMMIS Project Office Customer Support Office at 210-295-3600, 888-567-2514 or DSN 421-3600. TCAM will be replaced by the Defense Medical Logistics Standard Support (DMLSS) Customer Assistance Module (DCAM) beginning in FY07.

(c) Communications: TAMMIS can relay information between Table of Organization and Equipment (TO&E) units in various ways. The preferred method uses Local Area Networks (LAN). This method relies on the use of the Mobile Subscriber Equipment (MSE) military communications system. Because communications cannot be assured in wartime, units can also pass information by standard telephone lines, Terminal Services Access Controller System, satellite communications, over a stand-alone LAN (without MSE), by Tactical Terminal

Adapter, or by external magnetic/electronic media (floppy disks, flash drives, tape, etc.) delivered by courier. All methods preclude re-entering data at the receiving TO&E unit. Examples of transactions and files that are moved include medical logistics MILSTRIP transactions (requisitions, supply status, shipment status, financial transactions, follow-up transactions, requisition modifiers, and cancellation requests). TAMMIS logistics systems also exchange electronic commerce transactions with vendors. The system is designed to utilize all forms of communications available to a unit in garrison and in a deployed environment.

(d)   Theater Enterprise Wide Logistics System (TEWLS) will replace TAMMIS in the interim at medical distribution centers and DMLSS will be used in the deployable hospitals. DMLSS Joint Enterprise Wide Logistics is the system of the future that will integrate TEWLS and DMLSS into a MHS enterprise solution.

(2)   Defense Medical Logistics Standard Support (DMLSS): DoD migration IS to replace TAMMIS (at deployable hospitals) and AMEDDPAS. TDA activities with DMLSS servers will use DMLSS Functionality

DMLSS functions include:

- Inventory Management (IM)
- Customer Area Inventory Management (CAIM)
- DMLSS Customer Assistance Module (DCAM)
- CAIM Source of Supply (SOS)
- Customer Support /Customer Support on the Web
- Equipment and Technology Management (ETM)
- Facilities Management (FM)
- Systems Services and
- Business Objects.

(a)   Inventory Management (IM): The IM module provides users with a standardized, integrated management system, which will provide formal accountability and facilitate materiel management and administration. Functions of this module include assemblage management, excess reporting, cataloging, credit card ordering, credit card reconciliation physical inventory, online and offline ordering, transaction history, location management, and delivery/pick lists. IM will also implement a simple automated quality assurance program covering recalls, suspensions, hazard alerts, destructions, and the safe medical devices act. This module also supports electronic commerce (ANSI X12) requisitioning capabilities as well as the standard MILSTRIP/FEDSTRIP (Federal Standard Requisitioning and Issue Procedures) interfaces and Internet ordering capability.

(b)   Customer Area Inventory Management (CAIM)/CAIM SOS):

(1)   CAIM is designed to give all internal customers the ability to manage an individual stockroom or area. CAIM assists the customer in identifying materiel items required in patient care and clinical support; providing an automated tool for requesting materiel items; physical inventory, credit card ordering, credit card reconciliation location management, receipt, and tracking of patient care related materiel to the point of use. CAIM acts as an individual logistics operation allowing users to go directly to a DoD prime vendor or to the Logistics Division.

(2)   CAIM SOS gives the customer the ability to sell items to other customer areas as well as managing its own inventory. As with CAIM, the CAIM SOS assists the customer in identifying materiel items required in patient care

and clinical support. It provides an automated tool for requesting materiel items; performing a physical inventory; location management; receipts; and tracking of patient care related materiel to the point of use. It also gives the user the capability to issue (sell) to its customers. The following are examples of departments that should be considered for conversion to CAIM or CAIM SOS:

- Pharmacy
- Central Material Service
- Operating Room
- Department of Pathology/LAB
- Optical Fabrication Lab
- Materiel Distribution Branch.

(c)   DMLSS Customer Assistance Module (DCAM): The DMLSS program manager is reprogramming and replacing TCAM with updated software that complies with the DMLSS Common Operating Environment. As with TCAM, DCAM allows remote customers who have no other medical logistics automation to create automated Class VIII requests with minimal hardware requirements (PC or laptop with a network connection). DCAM customers can connect to the designated DMLSS or TAMMIS site and select files from the DMLSS or TAMMIS database. Once the files are downloaded, the customer can break the connection and use the DMLSS or TAMMIS data to place orders, check status, review the stockage catalog, and research substitutions. Then, customers can reconnect and send the file containing MILSTRIP transactions to the DMLSS or TAMMIS source of supply. New features in DCAM that did not exist in TCAM include secure data transfers using secure File Transfer Protocol (FTP) with TAMMIS and HTTPS with DMLSS. Also, a DCAM level 2 has been added to allow Class VIII supply support activities, such as brigade medical supply offices (BMSO), to receive and process electronic DCAM requisitions from subordinate customers. DCAM is an approved part of the DMLSS baseline. DCAM will be part of the Theater Medical Information Program (TMIP) Block 2, Release 1 software suite and will be distributed to some units by the Medical Communication for Combat Casualty Care (MC4) deployment teams. Other customers requiring DCAM will request the application from their medical SSA. The SSA will provide the application, assist the customer in setting up the DCAM account on the SSA server and provide training for the customer. Should DCAM problems occur beyond the capability of the medical SSA, contact the MHS Help Desk.

(d)   Customer Support: Provides internal customers with the automated capability to research information from commercial and DoD sources and stocked items from the Medical Treatment Facility (MTF). Manages/transfers New Item Requests electronically through the levels of approving authorities, create Work Requests to the Facility Manager, medical maintenance manager and provides an automated replenishment process for restocking customer supply areas.

(e)   Customer Support on the Web: Encompasses catalog research and item request capabilities and provides users with the capability to submit and review the status of new item requests as well as facility and medical maintenance work requests. It provides non-logisticians, such as clinicians, ancillary and administrative personnel with an automated, user-friendly method of researching and requesting supplies and support services from Medical Logistics.

(f)   Equipment and Technology Management (ETM):

(1)   Equipment Management: Enables customers and equipment managers to manage equipment assets from the time a customer starts researching an equipment item to the point at which the equipment is processed for redistribution or disposal. It also enables the logistician to acquire equipment, track inventory, and dispose of assets through an automated and integrated process.

(2) Equipment Maintenance: Provides the user with a systematic approach to equipment maintenance, simplifying the maintenance request process and tracking the progress of requested work. The work order system schedules maintenance procedures and facilitates collection of historical maintenance data, which support the equipment management and budgeting processes. A repair parts module interfaces to the supporting supply activity and the work order system.

(g) Facilities Management (FM): The Defense Medical Logistics Standard Support automated information system Facility Management Module (DMLSS-FM) provides a powerful Computer-Aided Facility Management tool for standardizing facility management programs throughout the DoD healthcare industry. It provides comprehensive automated management capabilities ranging from scheduled maintenance and project tracking to regulatory compliance and space management.

(h) System Services (SS): This module manages the Supported Customer data, DMLSS Communication Manager (DCM), and Table Maintenance Utility (TMU).

(i) Business Objects: This module allows the user to access the DMLSS database and provide managerial information through the use of queries. This powerful software can be used to develop daily, monthly and quarterly reports. While many reports are already preformatted, the module provides the capability to develop and format ad-hoc reports as required.

(3) Theater Enterprise Wide Logistics System (TEWLS): TEWLS is the initiative to migrate the capability for theater level Class VIII Supply Chain Management (SCM) from TAMMIS into a Systems Applications and Products (SAP)-based, enterprise architecture. TEWLS will build upon the SAP Enterprise Resource Planning (ERP) initiative that has been 'live' at the US Army Medical Materiel Agency (USAMMA) since May 2002, and would bring theater Class VIII management into the same system architecture that is used for the production of Army Medical Equipment Sets (MES) and Medical Materiel Sets (MMS). TEWLS will migrate as an Army sponsored initiative into the DMLSS program at some point in the future.

(4) The Medical Logistics Support Web Portal (https://medlogspt.army.mil) is developed and maintained by the AMEDD Logistics Systems Division. It is integrated with the Army Knowledge Online (AKO) through the use of the AKO single sign on. Additionally, the AKO Medical Logistics Group Page in the Medical Knowledge Online community is maintained by the division. The web portal is a collaborative environment for information relevant to the medical logistics community regarding policies, missions, current events, conferences, etc., and also to automate certain business practices making their processes more cost-effective. The medical logistics web applications include: the Optical Fabrication Enterprise application; the Environmental Services Application; Command Logistics Review Program (CLRP) application; the Issue Status Review application; the Medical Logistics eHelp portal; and the medical logistics lessons learned application. The portal provides a web-based tool to track and route medical logistics related questions to the proper subject matter experts.

(5) eZ SAVe: Provides a web based service that uses data synchronization techniques to compare site logistics data to a centralized authoritative database and make recommendations for changes in three categories.
-Opportunities for better product pricing (current product price is higher than "best available")

- Opportunities for better sourcing (an e-Commerce source of supply is available but not being used)
- Opportunities for site record improvement and/or contract coverage improvement (critical product data missing or does not match authoritative data).

b.   The following systems are authorized as standard DoD and Army Logistics Management ISs:

(1)   Purchase Request Web (PRweb): Web-enabled application between a customer and their servicing contracting office for the processing and acceptance of requirements for local purchase. From their desktop Web browsers, customers can create and route purchase requests, with attachments, to other PRweb users for approval and fund certification. Approved requirements are transmitted directly to the Procurement Desktop-Defense (PD²) database of the supporting contracting office. PRweb is utilized when TAMMIS or DMLSS is not available or requirements require attachments and extended descriptions.

(2)   Defense Blood Bank System (DBBS): The DBBS automates the blood bank operations and is currently fielded to Medical Logistics (MEDLOG) units, deployable and fixed hospitals with a blood bank/donor center support mission. This application will be integrated as part of the TMIP suite of software to support the Forward Support Medical Company (FSMC), Main Support Medical Company (MSMC), MEDLOG units, and deployable hospitals in the corps and Echelons Above Corps (EAC) levels.

(3)   Spectacle Request Transmission System (SRTS): SRTS automates the patient record portion of the optical prescription and order transmission process to MEDLOG units and Optical Fabrication Laboratories in the corps and EAC levels.

(4)   Global Combat Support System-Army (GCSS-A) Maintenance (MNT): GCSS-A-MNT is the replacement for the Unit Level Logistics System-Ground (ULLS-G) that will be used in all FSMC, Brigade Support Medical Company, MSMC, and Sustainment Support Medical Company at Echelon II and III units. It also replaces the Standard Army Maintenance System Levels 1 and 2 (SAMS-1 and SAMS-2) and the Army Reserve Supply and Maintenance System (ARSAMS) that are used in selected Medical Logistics Companies, Logistics Support Companies , Medical Brigades, and USAMEDCOM units. ULLS-G, SAMS-1, SAMS-2, and ARSAMS are the migration systems for all MEDLOG units using TAMMIS MEDMAINT, as well as deployable hospitals in Corps and EAC levels. GCSS-A-MNT will be used in all medical units authorized a company or battalion level motor maintenance operation in the division, corps, and EAC levels.

(5)   Joint Medical Asset Repository (JMAR): JMAR Asset Visibility is an important decision support database. The vision of JMAR is to provide Global Access to Joint Medical Logistics Information for any user, any time on any government machine. It is recognized by the Department of Defense as the single source to acquire, manage, and provide timely and accurate Joint Medical Asset Visibility Information. JMAR daily receives data from a multitude of government legacy systems including DMLSS and TAMMIS/TEWLS.

JMAR is constantly evolving and currently has report and ad hoc asset query capability for Assemblages, Blood, Facility, Inventory, Prime Vendor (PV), Global Transportation Visibility and Materiel and asset visibility that can be queried.

The JMAR website can be located at: https://jmar.detrick.army.mil/.

(6)   GCSS-A Property Book Unit Supply Enhancement (PBUSE):

GCSS-A-PBUSE is the replacement for the Unit Level Logistics System S4 Module (ULLS-S4) and Standard Property Book System-Redesigned systems that will be used in all medical units at the battalion level and higher that maintain their own property books in the corps and EAC levels.

c. When standard MTF medical logistics systems do not provide the functionality to support a required medical logistics business practice, non-standard IM/IT are authorized only after approval through the AMEDD Directorate of Logistics/Assistant Chief of Staff for Logistics (DOL/ACSLOG), with final approval authority at AMEDD CIO. MTFs shall submit a request for waiver through their respective Regional Medical Command (RMC) to the:

> Commander, USAMEDCOM
> ATTN: MCLO-LS
> 2050 Worth Road, Suite 8
> Fort Sam Houston TX 78234-6008

d. Army medical activities and units operating a manual medical accounting system will follow this supply bulletin and procedures in *AR 40-61*, *AR 710-2*, and Department of the Army Pamphlet *(DA PAM) 710-2-2*.

e. Army medical fixed facilities are authorized to use commercial automated medication and supply distribution systems, known as Point of Use (POU).

(1)   Coordination with USAMEDCOM is required to purchase or lease POU systems in order to apply the numerous system interfaces that maximize the benefits of POU cabinets. Requests to purchase or lease POU systems will be submitted through the respective RMC to:

> Commander, USAMEDCOM
> ATTN: MCLO-LS
> 2050 Worth RD, Suite 8
> Fort Sam Houston TX 78234-6008

Requesting activities must submit justification that includes projected economic and clinical benefits.

(2)   Activities with POU systems will follow prescribed security measures and system requirements for medication management outlined in *AR 190-51*. Activities with POU systems will maintain written policies and procedures for security, accountability, and emergency situations.

f.   Army medical activities with Automatic Identification Technology (AIT) equipment that includes Radio Frequency devices, such as base radio units, repeaters, hand-held terminals, scanners, and printers will utilize and maintain the equipment. Trouble calls for AIT equipment in support of DMLSS applications will be submitted to the MHS helpdesk IAW procedures described in paragraph 2-6.

2-5.   HELP DESK

a.   Trouble calls for in support of TAMMIS will be submitted to the U.S. Army Medical Information Technology Center (USAMITC), TAMMIS Project Office Customer Support Office at 888-567-2514, DSN 421-3600, or 210-295-3600. E-mail help requests may be submitted to Cust.Spt.TAMMIS@amedd.army.mil.

b.   Trouble calls for support of DMLSS or TEWLS will be submitted to the MHS Help Desk at any of the following numbers:

800-600-9332 Continental United States (CONUS)
210-767-5250 (Direct/Commercial)
866-637-8725 Outside CONUS (OCONUS)

Digital Help requests can be made at: **http://www.mhs-helpdesk.com**.

c.   Requests for information on TEWLS may be submitted to the TEWLS Competency Center Director at TEWLSCC@amedd.army.mil

2-6.   SYSTEM CHANGE PROCESS

The System Change Request (SCR) is an official recommendation to correct or enhance the functionality of IS. In a formal process, the SCR is validated and accepted by the program manager and USAMEDCOM. Units or activities that have identified a significant problem or possible improvement that may warrant an SCR, will submit their ideas to the appropriate project office and USAMEDCOM through the MHS help-desk.